HCPH RWGA GRANTS MANAGEMENT

HC PUBLIC HEALTH – RYAN WHITE GRANT ADMINISTRATION DETAILED EXPENDITURE PLAN

All sections below must be completed and typed. No handwritten forms will be accepted.

(This form can be downloaded at www.hcphtx.org/rwga under Grants Management, Forms & Instructions link)

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NAME OF CONTRAC	TOR:				
SERVICE:	FUND NO:				
CONTRACT NO: CONTRACT PERIOD:			D:		
WHAT IS THE REASC	ON FOR THE CURRENT UNI	DERSPENDING?			
HOW DO YOU EXPEC	CT THIS TO CHANGE?				
IF YES, DOCUMENTA	ATION OF MONTHLY BILLS,	OTHER FUNDING SOURCES		_	NO AME OF THI
ADMINISTRATIVE AGENT MUST BE ATTACHED TO THIS FORM. CURRENT BUDGET?				\$	
CURRENT YTD EXPENDITURE RATE % as reported on the AUG. CER				%	
HOW MUCH DO YOU EXPECT TO EXPEND BY THE END OF THE GRANT TERM?				\$	
EXPECTED UNSPENT BALANCE				\$	
Were contracted funds for this service reduced in the previous grant year?				☐ YES	□ №
HOW WILL YOU INCR	EASE UTILIZATION TO EXP	PEND THE FUNDS REPORTE	D ABOVE?		_
Submit to RWGA	Grants Management via	a fax (832) 927-0168 or e	mail to <u>hiv</u>	acct@phs	.hctx.net
Submitted by (print)		Email			
Signature		Date			
□ APPROVED	☐ DISAPPROVED	☐ APPROVED with	modificati	on below	
Manager, Ryan White G	Date				
With the modification	(S	(Space below for use by RWGA only)			
Approved Reduction	a on Amount [©]	Amended Contrac	ot Amount [©]		